

RCRA SITE INSPECTION

SITE: GE ROME
BREAK: 20.4
OTHER: _____

1. Inspector and Author of Report

Gregory D. Fraley

2. Facility Information

General Electric Company
GAD 003 308 145
1935 Redmond Circle
Rome, Georgia 30161

GAXXGXSX-20/-001

3. Responsible Official

Richard Lester, Environmental Engineer

10090643



4. Date and Time of Inspection

March 27, 1988
10:00 a.m.

5. Inspection Participants

Richard Lester, General Electric Company
Gwendolyn Glass, Georgia Environmental Protection Division

6. Applicable Regulations

40 CFR, Parts 262 and 265

7. Purpose of Survey

To observe the State inspector's performance in conducting a RCRA inspection to determine a facility's compliance with all applicable regulations.

8. Facility Description

This General Electric facility has manufactured medium full capacity transformers since 1954. Until 1976, the primary dielectric fluid at the plant was oil containers polychlorinated biphenyls (PCB's). Currently (although some transformers are dry) the dielectric fluids are freon, mineral oil, and silicon fluid.

This facility also operates a Hazardous Waste Storage Facility and a Polychlorinated Biphenyl Management Facility. The RCRA storage facility manages flammable wastes, oils and paint thinners, and caustic wastes from paint removers. The PCB waste management activities result from the treatment of PCB contaminated groundwater by physical-chemical means and from storage and packaging of PCB contaminated materials generated from the treatment of contaminated groundwater.

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The RCRA waste is managed inside a prefabricated steel building. The building has concrete floors which are pitched to prevent rainfall from entering and to prevent wastes from escaping the building.

The maximum quantity of RCRA waste in storage is 1500 drums of caustic material and 150 drums of flammable wastes. These wastes are stored separately within the same structure.

The wastes are stored separately within the same structure.

9. Findings

This facility was in compliance with all applicable regulations.

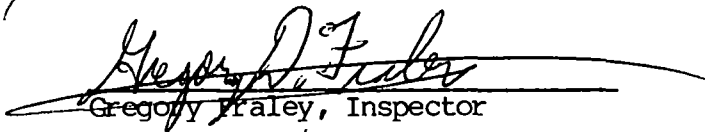
10. Conclusions

None.

11. Recommended Enforcement Action

None.

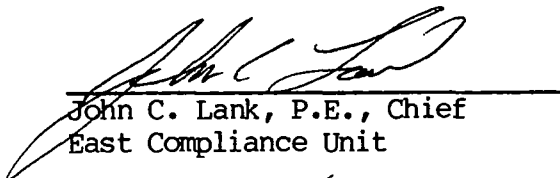
12. Signed


Gregory D. Friley, Inspector

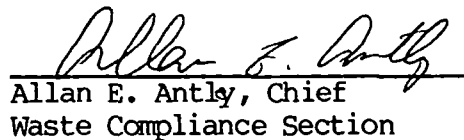
4/16/87
Date

13. Concurrence

Approval


John C. Lank, P.E., Chief
East Compliance Unit

4/25/87
Date


Allan E. Antly, Chief
Waste Compliance Section

4/28/87
Date

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Environmental Protection Division
47 Trinity Avenue, S.W.
Atlanta, Georgia 30334



LAND PROTECTION BRANCH
Industrial & Hazardous Waste
Management Program
(404) 656-2833

GENERATOR STANDARDS INSPECTION CHECKLIST

SECTION I. FACILITY INFORMATION

SIC _____ TSDF? ☒ Yes ☐ No Transp? ☒ Yes ☐ No INSPECTION DATE: 3/27/87
GENERAL Electric Co. GAD003308145 Floyd
 Facility Name I.D. No. County
1935 Redmond Circle Rome 3061 404 291 3988
 Mailing Address City Zip Telephone Number
GENERAL Electric Shady D. Feller
 Name of Owner/Operator Inspector's Signature

SECTION II. INSPECTION SUMMARY & REVIEW

Reason for Inspection: _____ Routine _____ Other OVERVIEW

Discussed with:

Name: Richard LESTER Title: ENV. ENGINEER
 Address: _____ Telephone: _____

Copy of this report submitted to:

Name: _____ Title: _____
 Address: _____ Telephone: _____

Photographs: ☐ yes ☒ no: No. _____

Samples Collected: ☐ yes ☒ no: No. _____ Split ☐ yes ☐ no

Summary of Findings:

Facility is in compliance.

Reviewed by: _____ Review date: _____

Attachments:

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SECTION III. GENERATOR CHECKLIST

MEETS REQUIREMENTS		
Yes	No	N/A

1. Facility notified as a generator and has obtained an EPA ID #? (262.12) ☒
2. Facility has identified all wastes as hazardous or non-hazardous? (262.11) ☒
3. Facility stores waste in containers for less than 90 days (262.34) (265 Subpart I)
 - (a) drums in good condition, no leaks, ☒
 - (b) compatible with waste? ☒
 - (c) drums kept closed during storage ☒
 - (d) drums inspected weekly ☒
 - (e) ignitable or reactive wastes stored \geq 50 ft. from property line? ☒
 - (f) wastes separated from incompatible wastes by dike or berm? ☒
 - (g) date of accumulation period clearly marked on each container. ☐
4. Facility stores wastes in tanks for less than 90 days (262.34) (265.17 and 265, Subpart J)
 - (a) Are ignitable or reactive wastes separated from sources of ignition? ☐
 - (b) Are wastes handled so as to prevent rupture, leaks, etc. ☐
 - (c) If tank is uncovered is there \geq 2 feet freeboard or a containment structure? ☐
 - (d) If continuous feed is there a means to stop inflow? ☐
 - (e) Is discharge control equipment, monitoring equipment, tank level inspected daily? ☐
 - (f) Is tank construction and any discharge confinement structure inspected weekly? ☐
 - (g) Ignitable or reactive wastes treated, rendered, or mixed to be non-ignitable or non-reactive or protected from ignition or reaction or tank used only for emergencies? ☐
 - (h) Covered tanks storing ignitable or reactive wastes comply with buffer zone requirements. ☐
 - (i) Facility does not store incompatible wastes in same tank? ☐

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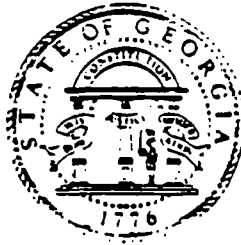
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Yes No N/A

-
- A handwriting practice sheet for the letter 'v'. It features a vertical column of 18 horizontal lines. Each line is preceded by a small 'v' character, showing the correct stroke and placement. The lines are evenly spaced and extend across the width of the page.

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TRANSPORTER STANDARDS INSPECTION CHECKLIST

SECTION I. FACILITY INFORMATION

SIC _____ TSD? ☐ Yes ☐ No GEN? ☐ Yes ☐ No INSPECTION DATE: _____

Facility Name _____ I.D. No. _____ County _____
Mailing Address _____ City _____ Zip _____ Telephone Number _____
Name of Owner/Operator _____ Inspector's Signature _____

SECTION II. INSPECTION SUMMARY & REVIEW

Reason for Inspection: _____ Routine _____ Other _____

Discussed with:

Name: _____ Title: _____

Address: _____ Telephone: _____

Copy of this report submitted to:

Name: _____ Title: _____

Address: _____ Telephone: _____

Photographs: ☐ yes ☐ no No. _____

Samples collected: ☐ yes ☐ no No. _____ Split ☐ yes ☐ no

Summary of Findings:

Reviewed by: _____ Review date: _____

Attachments:

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SECTION III. STANDARDS APPLICABLE TO TRANSPORTERS OF HAZARDOUS WASTE

Meets Requirement		
Yes	No	N/A

1. Has the facility obtained an EPA I.D. No?

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2. Is all of the hazardous waste accepted for transportation accompanied by a manifest?

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3. Is the facility one of the following:
 - (a) water (bulk) transporter

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 - (b) initial rail transporter accepting hazardous waste from a non-rail transporter

--	--	--
 - (c) final rail transporter delivering hazardous waste to a designated facility

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 - (d) rail transporter delivering waste to a non-rail transporter

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If yes, only the following are applicable for compliance with the manifest system and recordkeeping:

1. Did the transporter obtain the date of delivery and the handwritten signature of the owner/operator of the designated facility on the manifest or shipping paper?

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2. Does the facility have a recordkeeping system for manifests with a three-year retention time?

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4. Are the handwritten signature of the transporter and date of acceptance of the hazardous waste from the generator present on the manifest?

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5. Are the date of delivery and the handwritten signature of the next transporter or owner/operator of the TSD facility present on the manifest?

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6. Are manifested shipments of hazardous waste in containers stored at the facility for more than ten days?

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7. Does the facility transport hazardous waste out of the U.S? If yes,
 - (a) Does the manifest indicate the date the hazardous waste left the U.S?

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 - (b) Did the transporter sign the manifest?

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8. Does the facility have a recordkeeping system for manifests with a three-year retention time?

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TSDf STANDARDS INSPECTION CHECKLIST

SECTION I. FACILITY INFORMATION

SIC _____ Type Facility _____

Generator? ☐ Yes ☐ No Transp? ☐ Yes ☐ No Inspection date _____

Facility Name _____ I.D. No. _____ County _____

Mailing Address _____ City _____ Zip _____ Telephone Number _____

Name of Owner/Operator _____ Inspector's Signature _____

SECTION II. INSPECTION SUMMARY & REVIEW

Reason for Inspection: _____ Routine _____ Other _____

Discussed with:

1. Name: _____ Title: _____

Address: _____ Telephone: _____

2. Name: _____ Title: _____

Address: _____ Telephone: _____

Copy of this report submitted to:

Name: _____ Title: _____

Address: _____ Telephone: _____

Photographs: ☐ yes ☐ no: No. _____

Samples collected: ☐ yes ☐ no No. _____

Split ☐ yes ☐ no

Summary of Findings:

Reviewed by: _____ Review date: _____

Attachments:

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SECTION III
GENERAL FACILITY STANDARDS

	Meets Requirements		
	Yes	No	N/A
1. Facility I.D. No. obtained?	✓		
2. Facility notified Director relative to: (265.12)			✓
(a) Receiving waste from foreign source?			✓
(b) Status as new owner or operator?			
3. Does facility have a written waste analysis plan specifying: (265.13)	✓		
(a) Parameters	✓		
(b) Test Methods	✓		
(c) Sampling Methods	✓		
(d) Frequency	✓		
(e) Agreement of samples with waste shipments:			
4. Security to include: (265.14)	✓		
(a) Access control to active portion	✓		
(b) 24 hour surveillance system or	✓		
(c) An artificial or natural barrier with a gate	✓		
(d) Warning signs at entrances			
5. Owner/operator inspections note: (265.15)			
Refer to facility specific standards for inspection requirements			
(a) Malfunctions, deterioration, operator error and discharges	✓		
(b) Inspections per written schedule	✓		
(c) Remedial actions on problems	✓		
(d) Inspection log entries	✓		

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6. Personnel Training Records Specific to Hazardous Waste Management Indicating:
(265.16)

- (a) Job titles
- (b) Job descriptions
- (c) Description of continuing training
- (d) Completion of O.J.T.
or classroom
- (e) Training directed by person trained in Hazardous Waste
- (f) Trained personnel can respond effectively to emergencies

yes No N/A

✓		
✓		
✓		
✓		
✓		
✓		

7. Preparedness and prevention through: (Subpart C - 265.30)

- (a) Maintenance and operation to minimize possibility of fires, explosions and release of hazardous waste
- (b) Equipment
 - (1) alarm system
 - (2) telephone or 2-way radio
 - (3) fire extinguishers
 - (4) water
- (c) Testing and maintenance of equipment
- (d) Immediate access to communications and alarm system
- (e) Adequate aisle space
- (f) Arrangements with local emergency response and hospital authorities

✓
✓
✓
✓
✓
✓
✓
✓
✓
✓

8. Prevention of Accidental Ignition or Reaction of Ignitable or Reactive Waste by:
(265.17)

- (a) Segregating and protecting waste from source of ignition/reaction
- (b) Posting of "No Smoking" signs
- (c) Proper control during handling
- (d) Containers stored 50' from property line

✓
✓
✓
✓

9. Contingency Plan and Emergency Procedure whereby: (Subpart D - 265.50)

- (a) Contingency plan written

✓

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Yes No N/A

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1. *Chlorophyll a* (Chl *a*)

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END

Yes | No | N/A

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| Yes | No | N/A |
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FACILITY COMPLIANCE INSPECTION FORM
FOR GROUNDWATER MONITORING (265, Subpart F)

Company Name: _____

Current Seq. No. _____

Company Contact: _____

Title: _____

Phone Number: _____

Compliance Officer: _____

Date of Inspection: _____

1. Is facility required to have a groundwater monitoring program? [265.90(A)]

Yes/No _____

If "Yes", what type of facility:

- (a) Surface impoundment _____
- (b) Landfill _____
- (c) Land treatment _____
- (d) Waste pile _____

2. Has a written groundwater monitoring waiver demonstration been prepared for the facility? [265.90(C)]

Yes/No _____

If "Yes",

- (a) Name and address of geologist or geotechnical engineer who certified waiver: _____

- (b) Can copy of demonstration be obtained for office review?

Yes/No _____

3. Has a groundwater monitoring system been implemented?

Yes/No _____

If "Yes", what type of system:

- (a) groundwater monitoring [265.91A] _____

- (i) Was a geotechnical report prepared on the installation of the system?

Yes/No _____

- (ii) Can a copy be obtained for office review?

Yes/No _____

- (b) Alternate groundwater monitoring [265.90(d)] _____

- (i) Was system certified by a qualified geologist or geotechnical engineer?

Yes/No _____

Name: _____

Firm: _____

- (ii) Has plan been submitted to Director?

Yes/No _____

4. Has a written groundwater sampling and analysis plan been prepared?

Yes/No _____

If "Yes", does the plan include procedures and techniques for:

- (a) Sample collection
- (b) Sample preservation and shipment
- (c) Analytical procedures
- (d) Chain of custody control

Yes/No _____

Yes/No _____

Yes/No _____

Yes/No _____

Can a copy be obtained for office review?

Yes/No _____ 000016

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5. Were groundwater samples tested quarterly during the first year for the following parameters?

- (a) Drinking water [265.92(b)(1)]
- (b) Groundwater quality [265.92(b)(2)]
- (c) Groundwater contamination [265.92(b)(3)]

Yes/No _____
Yes/No _____
Yes/No _____

Were groundwater surface elevations determined at each monitoring well each time a sample was taken? [265.92(e)]

Yes/No _____

6. For facilities which have completed first year groundwater sampling and analysis requirements?

- (a) Have arithmetic mean and variance been calculated for the respective parameter concentrations or values obtained from the upgradient well? [265.92(c)(2)]
- (b) Have the [265.93(b)] statistical analyses been conducted? If "Yes" were there statistically significant increases (or decreases, in the case of pH) over initial background? If "Yes" have 265.93(c) & (d) groundwater quality assessment actions been taken?
- (c) Have groundwater surface elevations been evaluated to determine whether the monitoring wells are properly placed? [265.93(f)] If "Yes" were modifications to the groundwater monitoring system required to bring it into compliance?

Yes/No _____
Yes/No _____
Yes/No _____
Yes/No _____

Were modifications made?

Yes/No _____

- (d) Have samples been obtained and analyzed for the groundwater quality parameters at least annually? [265.92(d)(1)]
- (e) Have samples been obtained and analyzed for the indicators of groundwater contamination at least semi-annually? [265.92(d)(2)]

Yes/No _____
Yes/No _____

7. Has an outline of a groundwater quality assessment program been prepared? [265.93(A)]

Yes/No _____

If "Yes", can a copy be obtained for office review?

Yes/No _____

8. Is data, needed for geologist's field review of groundwater monitoring system, available?

- (a) An accurate facility map with the monitoring wells and the hazardous waste unit(s) plotted on it?
- (b) Ground elevations or top of casing elevations of each monitoring well?
- (c) Can a copy of the above data be obtained for geologist's use?

Yes/No _____
Yes/No _____
Yes/No _____

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

DATE: APR 28 1987

SUBJECT: State Inspector's Performance

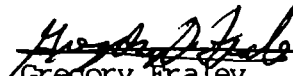
FROM: Environmental Scientist

TO: Allan E. Antley, Chief
Waste Compliance Section

OK AA 4/28

THRU: John C. Lank, P.E., Chief
East Compliance Section

The State inspector was prepared and conducted an adequate inspection.


Gregory Fraley